



Indiana State Department of Health

State Form 49454 2-01

Child Care Facility Application for Construction Permit

<p>1. OWNER _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone No. _____</p>	<p>5. The Following Documents are Attached: (CHECK WHERE APPLICABLE)</p> <p>A. Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>B. Plot Plan with Site Utilities: <input type="checkbox"/></p> <p>C. Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>D. Plans drawn to scale; and, certified by Architect or Engineer, if applicable: <input type="checkbox"/></p> <p>E. Age & Number of Children by Designated Area <input type="checkbox"/></p>
<p>2. OWNER'S DESIGNATED AGENT</p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>_____</p> <p>Phone No. _____</p>	
<p>3. FACILITY (TYPE OF PROJECT:)</p> <p>_____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City _____</p> <p>County _____ Zip _____</p>	<p>6. SIGNATURE</p> <p>Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date Application Signed</p>
<p>4. ENGINEER/ARCHITECT</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Phone No. _____</p>	

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR CHILD CARE FACILITIES

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| 1. Owner | Name and address of person, company, firm, municipality, authority, etc., |
| 2. Authorized Agent | Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required. |
| 3. Name of Facility or Project | State its name, location, and nearest possible address. |
| 4. Name of Engineer/Architect | Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications. |
| 5. Check the Squares Indicating Name of Documents Attached to Application.
All Documents are Required Except Where Inapplicable | <p>A. Specify the type of water supply serving the child care facility, and whether new or existing.</p> <p>B. Plot plan or plans to scale showing property lines, structures, roads, and site utilities.</p> <p>C. Specify the type of sewage disposal serving the child care facility, and whether new or existing</p> <p>D. Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See No. 4 above, if applicable).</p> <p>E. Indicate the age and number of children by designated area for which this facility will be licensed.</p> |
| 6. Signature | An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively. |